

RECEIVED
CENTRAL FAX CENTER

AUG 25 2006

LAW OFFICES

KILYK & BOWERSOX, P.L.L.C.

*Intellectual Property Law**From the Desk of*
LEONARD D. BOWERSOX3603-E Chain Bridge Road
FAIRFAX, VA 22030WARRENTON OFFICE
400 Holiday Court, Suite 102
Warrenton, Virginia 20186Email: lbowersox@kbpattentlaw.com
Website: <http://www.kbpattentlaw.com>TEL.: (703) 385-9688
FAC.: (703) 385-9719
(703) 385-9747

PLEASE DIRECT CORRESPONDENCE TO OUR FAIRFAX OFFICE

FACSIMILE TRANSMISSION COVERSHEET

DATE: August 25, 2006

TO: Examiner Alexander S. Noguerola
Group Art Unit 1753
Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450RE: U.S. Patent Application No. 10/075,404
Filed: February 13, 2002
Confirmation No.: 8150
Attorney Docket No.: 5010-306-01

FROM: Leonard D. Bowersox

FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 15

Items Attached: Transmittal Form 1 Page
Fee Transmittal Form 1 Page
Credit Card Payment Form 1 Page
Petition for a One-Month Extension of Time 1 Page
Amendment 10 Pages

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on August 25, 2006.

Cory D. Wilks
Name (Print)

Signature

THE INFORMATION CONTAINED IN THIS MESSAGE IS CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED. This message may also be an attorney/client communication which is privileged and confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by calling us collect and return the original message to us at the above address by mail. Thank you.

**RECEIVED
CENTRAL FAX CENTER**

AUG 25 2006

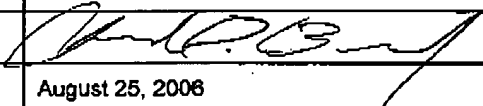

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/075,404
		Filing Date	February 13, 2002
		First Named Inventor	Ben F. JOHNSON
		Group Art Unit	1753
		Examiner Name	Alexander Stephan NOGUEROLA
Total Number of Pages in This Submission	12	Attorney Docket Number	5010-306-01 (formerly 4484C1)
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	
		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form for \$120.00 Customer No. 35411	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Leonard D. Bowersox, Esq.		
Signature			
Date	August 25, 2006		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on August 25, 2006.			
Type or printed name	Coty D. Wilks		
Signature		Date	August 25, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO :Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.


If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known Application Number: 10/075,404 Filing Date: February 13, 2002 First Named Inventor: Ben F. Johnson Examiner Name: Alexander S. Noguerola Art Unit: 1753 Attorney Docket No.: 5010-306-01					
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER AUG 25 2006					
TOTAL AMOUNT OF PAYMENT (\$) 120.00							
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0925 Deposit Account Name: KILYK & BOWERSOX, P.L.L.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments							
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Fee Description	Small Entity						
	Fee (\$)	Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
- 20 or HP =	x	=					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP =	x	=					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x	=				
Non-English Specification, \$130 fee (no small entity discount)							
Other: 1-Month Extension of Time	120.00						

SUBMITTED BY			
Signature		Registration No. 33,226 (Attorney/Agent)	Telephone 703-385-9688
Name (Print/Type)	Leonard D. Bowersox	Date	August 25, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on August 25, 2006.

Coty D. Wilks

Name (Print)

Signature